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Name:	Examiner Tim T. Vo	Firm:	USPTO
FAX #:	703-872-9306	Telephone #:	571-272-3632

FROM

Name:	Steven Stupp	Floor:	8
Operator Sending:		Telephone #	650.843.7562
FAX #:	877.432.9652	Date Sent:	June 3, 2005
		Number of Pages:	2 <i>(including cover page)</i>

COMMENTS

RE: U.S. Application No. 09/478,916
 Application of: Jared L. Zerbe et al.
 Filing Date: January 6, 2000
 Our Ref.: 60809-0050-US

Please see attached Applicant Initiated "Interview Request Form"

PLEASE CONFIRM RECEIPT BY RETURN FACSIMILE

FAX MESSAGE

THE INFORMATION CONTAINED IN THIS FAX MESSAGE IS INTENDED ONLY FOR THE PERSONAL AND CONFIDENTIAL USE OF THE NAMED RECIPIENT(S). THIS MESSAGE MAY BE AN ATTORNEY-CLIENT COMMUNICATION AND AS SUCH IS PRIVILEGED AND CONFIDENTIAL. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT OR AN AGENT RESPONSIBLE FOR DELIVERING IT TO THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT YOU HAVE RECEIVED THIS DOCUMENT IN ERROR AND THAT ANY REVIEW, DISSEMINATION, DISTRIBUTION, OR COPYING OF THIS MESSAGE IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE, AND RETURN THE ORIGINAL MESSAGE TO US BY MAIL. THANK YOU.

Applicant Initiated Interview Request Form

Application No.: 09/478,916
Examiner: T.M. T. VoFirst Named Applicant: Jared L. Zerbe
Art Unit: 21/2 Status of Application: Final Rejection

Tentative Participants:

(1) Steven Stapp(2) Gary Williams

(3) _____

(4) _____

Proposed Date of Interview: June 8, 2005Proposed Time: 11 (AM/PM)
Pacific Time

Type of Interview Requested:

(1) Telephonic (2) Personal (3) Video ConferenceRECEIVED
CENTRAL FAX CENTERExhibit To Be Shown or Demonstrated: YES NO
If yes, provide brief description: _____

JUN 03 2005

Issues To Be Discussed

Issues (Rej., Obj., etc)	Claims/ Fig. #s	Prior	Discussed	Agreed	Not Agreed
(1) <u>Rej.</u>	<u>126 + 142</u>	<u>Art 6,396,329</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4) _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
[] Continuation Sheet Attached					

Brief Description of Arguments to be Presented: A proposed clarification in independent claims 126 + 142 to indicate that symbols in a respective mode include two or more voltage levels, which the Applicants believe distinguishes the pending claim from the art of record.
 An interview was conducted on the above-identified application on _____.

NOTE: This form should be completed by applicant and submitted to the examiner in advance of the interview (see MPEP § 713.01).

This application will not be delayed from issue because of applicant's failure to submit a written record of this interview. Therefore, applicant is advised to file a statement of the substance of this interview (37 CFR 1.133(b)) as soon as possible.

Steven Stapp _____

Examiner/SPE Signature

Typed/Printed Name of Applicant or Representative

5/1/05

Registration Number, if applicable

This collection of information is required by 37 CFR 1.133. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.